

SmartPractice® Canada is proud to be the exclusive North American distributor of the **allergEAZE patch test system**.

*This innovative system includes:*

**allergEAZE allergens:** Epicutaneous contact allergens (457 individual allergens & 28 series) in petrolatum and fluid substances supplied in color-coded polypropylene/polyethylene dispensing syringes of 5ml volumes.

**allergEAZE patch test chambers:** Economical, easy to use, provide excellent adhesion, consistent performance and optimized for patient comfort.

**allergEAZE ancillary items:** Chamber covers, reading guides, skin markers, clinic boxes, patch trays, data collection forms and allergy health history forms.

Manufactured for **SmartPractice** by Haye's Service B.V. in The Netherlands  
US patent 5,325,864, Design Reg. 110256USI, Canadian patent 2,087,336  
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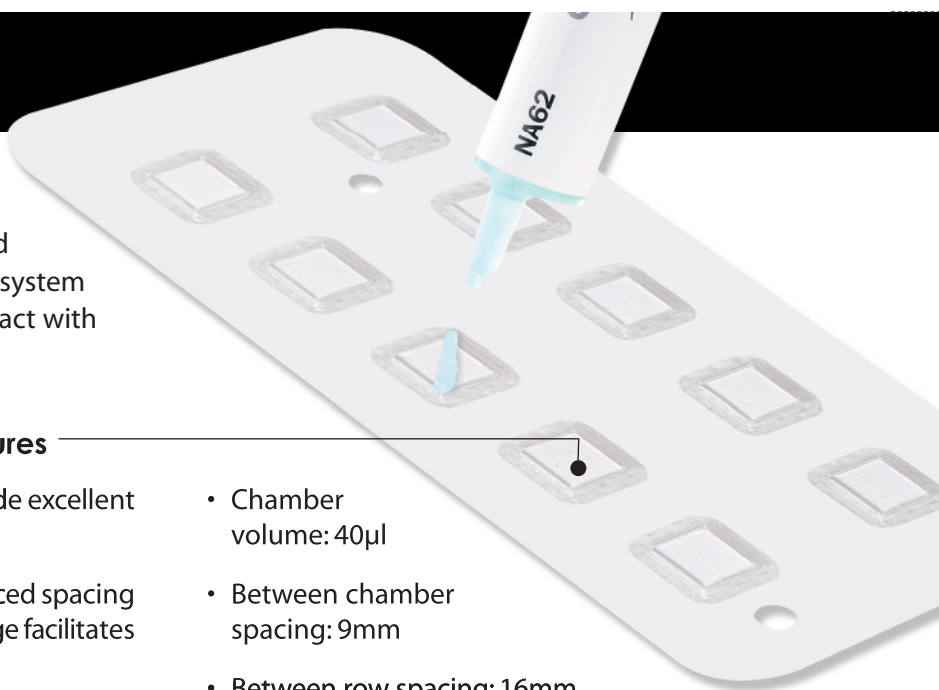
the art and science of smart patch testing®

patch test chambers

**allergEAZE** patch test chambers are intended to be used under the direction of a licensed physician and provide an allergen delivery system to place allergens or allergen mixes in contact with the surface of the skin.

#### allergEAZE Patch Test Chamber Features

- Patch test chambers are designed to provide excellent occlusion with increased comfort.
- The small chamber area, depth and enhanced spacing between chambers and raised chamber edge facilitates allergen contact with skin.
- Each patch test panel consists of 2 rows of 5 square (8mm x 8mm) pharmaceutical polyethylene terephthalate (PET).
- The chambers are mounted on a rectangular patch (120mm x 60mm) made of nonwoven polyester.
- Pharmaceutical polyethylene terephthalate (PET) chambers eliminate adverse reactions that may be caused by using metal chambers.
- The panel and its adhesive are non-irritating, non-sensitizing and covered with a protective paper liner that's easily removed.
- The nonwoven panel material flexes to allow freedom of movement.
- Chamber volume: 40µl
- Between chamber spacing: 9mm
- Between row spacing: 16mm
- The panel adhesive is an acrylic copolymer emulsion, consistent with most state-of-the-art surgical tapes.
- Removable adhesive strip for improved patch placement control
- Precut registration holes
- Prefixed filter paper
- Raised, rounded panel and chamber corners



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# allergEAZE Patch Tests Are Easy to Use

Each chamber contains prefixed filter paper for use with either liquid or petrolatum-based allergens. Most commercial test substances are suitable for allergEAZE Patch Test Chambers.

The unique panel design allows easy filling through special cutouts in the protective paper liner. This eliminates exposing the adhesive surface prior to patient application.

Chambers and panels are designed to help with skin reaction identification, including registration holes to permit easy skin marking.

## Instructions for Use

### Patient Preparation

- Take a detailed patient health history, noting relevant risk factors, allergen exposures and skin reaction patterns.
- Eliminate or reduce systemic immunosuppressor/immunomodulator therapies such as oral corticosteroids several weeks before testing.
- Coordinate scheduling to encourage patient compliance and a commitment to return for skin reaction readings.
- The preferred site for panel application is the upper back; alternatively, the outer surface of the upper arm may be used.
- Skin at the test site should be dry, clean, healthy and free of ointments, lotions, powders, acne, dermatitis, scars, hair or any other condition that might effect skin reactions or readability. If needed, skin may be cleaned with warm water and dried gently.

### allergEAZE Patch Test Preparation

- Panels should be room temperature for optimal performance.
- Do not remove the protective paper liner. Adhesion is optimal when the liner is removed just before patient application.
- Number panel chambers prior to filling for later identification of allergens and reactions. **(Fig. A)**
- Use high quality, standardized chemical allergens in an aqueous or petrolatum base. In special cases, a patient's own products may also be used with care.
- Fill chamber with ~ 40µl of test substance. For semisolid substances, this usually requires a 4mm ribbon of material. **(Fig. B)**

### Application of allergEAZE Patch Test

- The patient should be in a relaxed position with the back bent slightly forward. Apply prepared panels to the upper back. Avoid placing panels too close to vertebrae or other bony areas.
- Once filled and ready to apply, remove paper backing. **(Fig. C)**
- Affix panel to the skin at the lower end, and slowly roll panel up and onto the skin, pushing out air. Firmly press the space between and around chambers to ensure optimal adhesion and occlusion. Gently press chambers to ensure an even distribution of allergens at each site. **(Fig. D)**
- Mark the panel placement on the skin through the registration holes using a skin marker. **(Fig. E)**
- Schedule the patient to return for allergEAZE panel removal in 48 hours.
- Advise patients to refrain from exposing allergEAZE panels to excess moisture or sweat, including showering.

### Removing allergEAZE Patch Tests & Reading Reactions

- At 48 hours after patch test application, prepare to remove allergEAZE panels by first re-marking skin through the registration holes. Be sure to note any apparent problems with adhesion or panel displacement.
- Remove panels from skin and verify occlusion as a square-shaped depression around each test site.
- Wait at least 20 minutes to allow skin to recover, then read skin reactions at each test site.
- Interpret skin reactions based on standardized guidelines for patch testing from the International Contact Dermatitis Research Group (ICDRG) shown below, and record those reactions.



**Weak positive**  
Erythema, infiltration,  
discrete papules



**Strong positive**  
Erythema, papules,  
infiltration, discrete vesicles



**Extreme positive**  
Coalescing vesicles,  
bullous reaction



**Doubtful (?)**  
Faint macular or  
homogenous erythema  
with no infiltration



**Irritant (IR)**  
Discrete, patchy, follicular,  
or homogenous erythema  
with no infiltration

- Schedule the patient to return at 72 and/or 96 hours for additional evaluations of their skin reactions. These additional evaluations are critical for identifying allergic reactions and to allow irritant reactions to diminish.
- For later readings, locate and identify test sites by aligning the reading plate to registration marks previously made on the skin.
- Some allergens (e.g., paraphenylenediamine) can elicit late reactions after 96 hours. If these allergens are used, additional evaluation may be required at 5 – 7 days after panel removal.

